



**City of Las Vegas**  
**Parks, Recreation & Neighborhood Services**  
**FINANCIAL ASSISTANCE REQUEST**

Staff Use Only

Annual Income	
CLV, HD, NLV, etc.	
Award Amount	

Site: \_\_\_\_\_ Program(s): \_\_\_\_\_ Date: \_\_\_\_\_

Application and all supporting documents must be submitted as one package. This information is confidential and only for use by the city of Las Vegas. Incomplete packets will not be approved. Please allow 4 to 6 weeks to complete the application & approval process.

Head of Household Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 (Must be city of Las Vegas Resident)

Email Address: \_\_\_\_\_

Marital Status: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Domestic Partner

Print names and requested information for ALL household members including income.

First Name	Last Name	Date of Birth	Age	Gender	Race / Ethnicity (*see below)	Monthly Income Per Person (**see below)
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						

Race and Ethnicity Codes\*

<input type="checkbox"/>	White - <b>W</b>	<input type="checkbox"/>	Black/African American - <b>BAA</b>	<input type="checkbox"/>	Asian - <b>A</b>	<input type="checkbox"/>	American Indian/Alaskan - <b>AIA</b>
<input type="checkbox"/>	Native Hawaiian/Other Pac. Islander - <b>NHOPI</b>	<input type="checkbox"/>	Black & White - <b>BW</b>	<input type="checkbox"/>	Hispanic - <b>H</b>	<input type="checkbox"/>	Other Multi Racial - <b>OMR</b>

**DOCUMENTATION** - Answer the following questions. Must provide documentation for each "yes" answer below. \*\*

**Does any member of your household:**

1. Live in Public Housing or receive Section 8 rental assistance? \_\_\_\_\_ ☐ Yes ☐ No
2. Work full-time, part-time, or seasonally? \_\_\_\_\_ ☐ Yes ☐ No
3. Expect to work for any period during the next year? \_\_\_\_\_ ☐ Yes ☐ No
4. Receive cash for work? \_\_\_\_\_ ☐ Yes ☐ No
5. Receive or expect to receive unemployment benefits? \_\_\_\_\_ ☐ Yes ☐ No
6. Receive or expect to receive alimony or child support? \_\_\_\_\_ ☐ Yes ☐ No
7. Receive or expect to receive public assistance (welfare, food stamps, etc.)? \_\_\_\_\_ ☐ Yes ☐ No
8. Receive or expect to receive Social Security or other retirement benefits? \_\_\_\_\_ ☐ Yes ☐ No
9. Could or would you pay to attend this program if financial aid was not available? \_\_\_\_\_ ☐ Yes ☐ No
10. The child requesting aid, do they reside in a foster or group home? \_\_\_\_\_ ☐ Yes ☐ No

**Copies of the following items are required.**

- Photo ID for head of household (every household must provide proof of CLV residency – no exceptions)
- Dependant birth certificates (copies)
- Monthly income statement for each member of the household (paycheck stub, income tax statement, etc.).  
 Two paycheck stubs if paid bi-weekly; four paycheck stubs if paid weekly.
  - A letter from a Public Housing Authority or copy of a current Section 8 Lease will suffice if it states income.
- Other income documentation (child support, alimony, welfare, unemployment, etc.)

# FINANCIAL ASSISTANCE REQUEST (continued)

## Programs Eligible for Assistance

- |  |  |
|--|--|
| <input type="checkbox"/> Adaptive Recreation Programs                        | <input type="checkbox"/> Preschool Programs                                  |
| <input type="checkbox"/> Before/After-School Programs (Teen Scene & Safekey) | <input type="checkbox"/> Recreation Classes (beginning & intermediate only)  |
| <input type="checkbox"/> Educational Tutoring                                | <input type="checkbox"/> Recreation Sports Leagues (individual registration) |
| <input type="checkbox"/> GED Programs  | <input type="checkbox"/> Seasonal Camps (Spring Break, Summer, Winter)       |
| <input type="checkbox"/> Learn to Swim Classes                               |  |

### New for Safekey and programs starting September 2013

Families who qualify for assistance will be given an actual dollar amount (household cap) placed on their account in the registration program with the city of Las Vegas. This amount will be determined by household size and income. This award amount may be used for eligible participants & programs from date of approval thru June 30, 2014. Once your household has exhausted the amount awarded there will be no additional funds placed on your account until the next application cycle (starting July 1, 2014). As a reminder this program is based on availability of funds and may end without prior notice. Failure to attend a program paid with financial assistance may result in suspension from receiving future assistance.

## APPLICANT CERTIFICATION

I/We certify that the information given on household composition and income is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable by law. I/We also understand that false statements or information are grounds for termination of assistance. I consent to verification of this information by the service provider, the City of Las Vegas, or other governmental officials as required. In the event my/our income changes due to marriage, divorce, births, deaths, promotions, termination, etc., I/we must provide documentation to that effect and updated income statements within ten (10) business days for financial aid recertification.

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse (If applicable)

\_\_\_\_\_  
Date

Date received:

## STAFF USE ONLY

### Forms Submitted

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| Photo ID _____  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| City of Las Vegas Resident/Address Verification _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Dependant Birth Certificates (copies) _____           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Employer Verification _____                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Paycheck Stubs _____                                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Public Assistance Documentation _____                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (food stamps, SSI, TANF, unemployment, WIC, etc.)     |                              |                             |
| Other Income Documentation _____                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (alimony, child support, etc.)                        |                              |                             |

### Verified Annual Income

Verified Income: ☐ Yes ☐ No

☐ Approved Award Amount: \$ \_\_\_\_\_

☐ Denied - reason for denial: \_\_\_\_\_

Processor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

B&A Representative Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_